

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005437

1. Entity Name

**MCPHAIL STORMWATER MANAGEMENT AND VEHICULAR
ACCESS ASSOCIATION, INC.**



Principal Place of Business

**1535 RANGER AVE
DELAND FL 32724
US**

Mailing Address

**% JOHN W MCPHEAR
5770 JOHNSON LAKE RD
DELEON SPRINGS FL 32130
US**

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3389354

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCPHAIL, JOHN W
5770 JOHNSON LAKE ROAD
DELEON SPRINGS FL 32130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MCPHAIL, JOHN W
STREET ADDRESS 5770 JOHNSON LAKE RD.
CITY- ST- ZIP DELEON SPRINGS FL 32130-HNSO

TITLE VD ☐ Delete
NAME MCPHAIL, MICHAEL L
STREET ADDRESS 5776 JOHNSON LAKE RD
CITY- ST- ZIP DELEON SPRINGS FL 32130

TITLE TD ☐ Delete
NAME MCPHAIL, CLAUDE M
STREET ADDRESS 5776 JOHNSON LAKE RD
CITY- ST- ZIP DELEON SPRINGS FL 32130

TITLE SD ☐ Delete
NAME MCPHAIL, CAROLYN B
STREET ADDRESS 5770 JOHNSON LAKE RD
CITY- ST- ZIP DELEON SPRINGS FL 32130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
**1100000254989
03/07/05-80096-016 61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W McPhail John W McPhail

2/29/05

Date

Daytime Phone